

## Staff Summary Report

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**Council Meeting Date:** 08-14-2008

**Agenda Item Number:** \_\_\_\_\_

**SUBJECT:** Request to award one-year contract with four, one-year renewal options to AFC Industries, Inc. for the purchase of ergonomic engineering work stations for the Engineering Division of the Public Works Department.

**DOCUMENT NAME:** 200800814fst22 **PURCHASES (1004-01)**

**SUPPORTING DOCS:** Yes

**COMMENTS:** (IFB #08-188) Total cost for these contracts shall not exceed \$80,000 during the initial contract period.

**PREPARED BY:** Ted Stallings, CPPB, Procurement Officer, 480-350-8617

**REVIEWED BY:** Michael Greene, CPM, Central Services Administrator, 480-350-8516  
Glen Kephart, Public Works Manager, 480-350-8205  
Andy Goh, Deputy Public Works Manager, 480-350-8896  
Wendy Springborn-Pitman, Engineering Services Administrator, 480-350-8250  
Michael Gatewood, Engineering GIS Supervisor, 480-350-8430

**LEGAL REVIEW AS  
TO CONTRACT FORM**

**ONLY:** N/A

**FISCAL NOTE:** Sufficient funds have been appropriated in cost center 3225.

**RECOMMENDATION:** Award the contract.

**ADDITIONAL INFO:** Request for Proposal #08-188 was issued to establish a contract for the purchase of ergonomic engineering work stations for the Engineering Division. One vendor responded to the Request for Proposal. An evaluation committee composed of Engineering and Procurement Staff reviewed the response. It is the recommendation of the committee to award the contract to AFC Industries, Inc.

## Vendor's Proposal Offer

It is REQUIRED that Proposal Offeror COMPLETE, SIGN and SUBMIT the original of this form to the City Procurement Office with the proposal response offer. An unsigned "Vendor's Proposal Offer", late proposal response and/or a materially incomplete response will be considered non-responsive and rejected.

Proposal offeror is to type or legibly write in ink all information required below.

Proposal Offeror's Company Name	<u>AFC Industries, Inc</u>		
Company Mailing Address	<u>13-16 133rd Place</u>		
Company Street Address	_____		
Proposal Offeror Contact	<u>Ewa Wlodkowska</u>	Title	<u>Regional Sales Manager</u>
Contact's Phone No.	<u>800663412 ext 1272</u>	E-mail Address	<u>ewlodkowska@afindustries.com</u>
<u>Proposal Offeror's Company Tax Information:</u>			
Arizona Transaction Privilege (Sales) Tax No.	_____	or	_____
Arizona Use Tax No.	_____		
Federal I.D. No.	<u>11-3225387</u>		
City & State Where Sales Tax is Paid	_____, _____		

### THIS PROPOSAL IS OFFERED BY

Authorized Proposal Offeror (Type or Print in ink) Ewa Wlodkowska  
Proposal Offeror's Title (Type of Print in ink) Regional Sales manager  
Date 07/01/2008

### REQUIRED SIGNATURE OF AUTHORIZED PROPOSAL OFFEROR (Must Sign in Ink)

By signing this Proposal Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other offeror or potential offeror. Failure to sign and return this form with proposal offer will result in a non-responsive proposal.

Ewa Wlodkowska  
Signature of Authorized Proposal Offeror

07/01/2008  
Date

## Proposal Questionnaire

Firm shall answer and submit the following information with their proposal. The City of Tempe will use it's discretion in reviewing answers to these questions in determining a firm's responsiveness and responsibility.

### References

1. List three (3) customers for whom your firm has provided similar workstations as identified in this RFP, during the last 24 months.

Reference One:  
Name of Firm: Abbott Laboratories  
Contact Person: Willie Erby  
Telephone Number: 972-518-6042 Fax Number: 972-518-6960  
Dates of Service: \_\_\_\_\_

Reference Two:  
Name of Firm: New York Hospital Cornell Med. Ctr.  
Contact Person: Domenic Pucciarelli  
Telephone Number: 212-282-5741 Fax Number: 212-746-1133  
Dates of Service: \_\_\_\_\_

Reference Three:  
Name of Firm: Montefiore Medical Center  
Contact Person: Nogah Haramati MD  
Telephone Number: 718-904-2965 Fax Number: 718-904-2836  
Dates of Service: \_\_\_\_\_

### Availability of proposed workstations and warranty.

1. Please state delivery time ARO (120 days or less preferred).

6 weeks

2. Describe the proposed workstation warranty.

see attached

**Overall response to RFP**

1. Provide descriptive literature for proposed workstation.
2. Will you comply with all Terms and Conditions of this Request for Proposal?  
Yes ☒ No ☐
3. If selected, will your company allow other government agencies to utilize this contract?  
Yes ☒ No ☐

Company Name: AFC Industries, Inc.

### PRICE SHEET

ITEM NO.	DESCRIPTION OF REQUIRED MATERIAL, SERVICE OR CONSTRUCTION	QTY	UNIT	UNIT PRICE	EXTENDED PRICE
1	Ergonomic Engineering Work Stations Pricing to include workstations, delivery, installation and tax. Manufacturer: <u>AFC Industries, Inc.</u> Product Name: <u>ERGOTIER CART DELUXE</u> Part Number: <u>ET4440-B-2-DX</u>	6	Each	<u>\$7,570.95</u>	<u>\$45,425.70</u>

2. Est'd SH & H:

\$4,036.00

\* Applicable Tax \_\_\_\_ %

Reflecting Quotation dated  
Price may change 14-Jun-07

\* State correct jurisdiction to receive sales tax on the Vendor's Bid Offer, form CS-P201 (B) included in this Invitation for Bid document.

Less prompt payments discount terms of \_\_\_\_ % \_\_\_\_ days/ or Net 30 days. (To apply after receipt and acceptance of an itemized monthly statement.) For bid evaluation purposes, the City cannot utilize pricing discounts based upon payments being made in less than 30 days from receipt of statement.

#### Ordering and Invoice Instructions

In order to facilitate internal control and accounting, each City Department will order and must be invoiced separately. Monthly invoices must be segregated by City Department number and mailed or delivered directly to the City Customer Department. For most materials, there will be between three - (3) and six - (6) ordering departments. At the time an order is placed, the contractor must obtain the ordering department's cost center numbers for billing purposes. The use of the department's cost center numbers will be in addition to the purchase order number. Once a month, the contractor shall submit a consolidated statement which shall itemize the invoice numbers, invoice date, invoice amounts, and the total amount billed to Accounting. Discount offering will be based upon days from receipt of the consolidated monthly statement. Invoice(s) shall not show previous balances.

Invoices shall include:

1. Listing Of All Delivery/Pickup Receipt Numbers Being Invoiced.
2. Total Cost Per Item.
3. Applicable Tax.
4. Payment Terms.
5. Blanket Purchase Order Number.

Invoices that do not follow the above minimum invoicing requirements will not be paid. Payment must be applied to only invoices referenced on check/payment stub. The City reserves the right to bill contracted vendor for researching invoices that have been paid, but not properly applied by vendor account receivables office.